

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

03/04/2001 ANABI1 00000016 050225 09942241

01 FC:101	710.00 CH
02 FC:103	360.00 CH

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UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)

ATTORNEY DOCKET 82300D-W
Customer No. 01333

08/29/01
1887 U.S. PTO

To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

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RANDOM ARRAY OF MICROSPHERES
First Named Inventor (or Application Identifier):

Krishan Chari, et al

1887 U.S. PTO
09/942241
08/29/01

Enclosed are:

- 1. ☒ Specification
- 2. ☒ 5 Sheet(s) of drawing(s)
- 3. ☐ Information Disclosure Statement Under 37 CFR 1.97.
- 4. Combined Declaration for Patent Application and Power of Attorney:
 - 4a. ☒ New
 - 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)
- 5. ☐ Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- 6. ☒ Assignment of the invention to
- 7. ☐ Certified copy of a priority document.
- 8. ☐ Associate Power of Attorney
- 9. ☐ Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

- 11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ,
- 12. ☒ Please address all written communications to Paul A. Leipold, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Doreen M. Wells at (716) 588-2405.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 710
TOTAL CLAIMS	40 - 20 =	20	x 18 =	\$ 360
INDEPENDENT CLAIMS	3 - 3 =	0	x 80 =	\$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 270	\$0
			TOTAL	\$ 1070

- ☒ Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 1070 .
A duplicate copy of this sheet is enclosed
- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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